

Note: This is a sample

template, it is not  
an OMB approved  
form.

**Universal 911 Dialing- First Transition Report**

Please read instructions before completing

**Section 1  
Carrier Identification Information**

Parent Company Name  
MBO Corporation

Service Provider Name  
Cimarron Telephone Company

Company Address, City, State, Zip  
101 Cimarron Drive  
PO Drawer 160  
Mannford, OK 74044

Service Provider Type  Wireline

Name(s) of Wireless License Holder(s)

Contact Name  
Ryan Overland - Beacon Telecommunications Advisors

Contact Tel #  
918.496.1444

Fax #  
918.496.7733

E-mail Address  
ryan\_overland@beaconbright.com

**Section 2  
Local Area 911 Implementation**

s List all individual local areas covered by this report (e.g., Lee County, Virginia):  
Osage County, Oklahoma

(a) For each area listed above, identify the emergency response point to which 911 calls will be routed.

No Local or Statewide PSAP currently exists.

(b) For each area listed above, provide details of the carrier's progress in completing translation and other work necessary to route 911 calls to the identified emergency response point.

The Governors office has been notified that no local response point has been identified and we are awaiting the designation of a Statewide or Local response point from the Governors office.

(c) For each area listed above, provide the date or projected date that transition to the 911 abbreviated dialing code will be completed.

September 11, 2002

**Section 3**  
**911 Implementation Problems**

(a) Describe any problems the reporting carrier has encountered in identifying 911 number call routing points. Describe any other operational problems carrier has experienced during the initial transition stages.

(b) Where the reporting carrier has experienced 911 implementation problems, describe any efforts the carrier has made to coordinate with public safety agencies and state and local authorities.

**Section 4**

**Certification - To be signed by an authorized representative of the reporting entity**

X I certify that I am an authorized representative of the above-named reporting entity, that I have examined the foregoing report and to the best of my knowledge, information and belief, all statements of fact contained in this form are true and accurate statements of the affairs of the above-named company.

Signature Ryan Overland

Printed name of authorized representative Ryan Overland

Title Consultant

Date 3/8/02

This filing is:             original filing             revised filing

**PERSONS MAKING WILLFULL FALSE STATEMENTS IN THIS DOCUMENT CAN BE PUNISHED BY FINE OR IMPRISONMENT UNDER TITLE 18 OF THE UNITED STATES CODE, 18 U.S.C. §1001.**